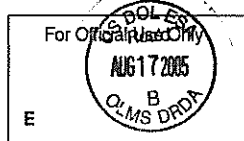


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>11400</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Charles</u> <u>R</u> <u>McDevitt</u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u>203-205 North Sovereign Avenue</u>  City <u>Atlantic City</u>  State <u>New Jersey</u> ZIP Code + 4 <u>08401</u>	4. Name, file number, and address of labor organization. Name <u>UNITE HERE Local 54</u>  Labor Organization File Number <u>071-117</u>  P.O. Box, Building and Room Number, if any <u></u>  Street <u>203-205 North Sovereign Avenue</u>  City <u>Atlantic City</u>  State <u>New Jersey</u> ZIP Code + 4 <u>08401</u>
5. Position in labor organization. <u></u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u>  Trade Name, if any: <u></u>  P.O. Box, Bldg., Room No., if any <u></u>  Street <u></u>  City <u></u>  State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u>  7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8-12/2005</u> <u>(609) 344-5400 x240</u> Date Telephone Number

Name of Person Filing Charles McDevitt

File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name, if any).

Name Robert Juliano &amp; Association

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1099 22nd Street, N.W.

City Washington

State District of Columbia ZIP Code + 4 20037

## 10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

## 9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

## 11.a. Nature of such dealing.

Robert Juliano &amp; Association provides legislative services to UNITE HERE

## 11.b. Approximate dollar value of such dealing.

## 12.a. Nature of interest held or income received.

Business dinner meeting held on or about November 15, 2004.

## 12.b. Amount.

\$269

Name of Person Filing <b>Charles McDevitt</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>HERE National Welfare Pension Funds</b></p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street <b>711 North Commons Drive</b></p> <p>City <b>Aurora</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60504</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>11.a. Nature of such dealing.</p> <p>The HERE National Welfare Pension Funds are trusts in which Local 54 is interested under Section 3(1) of the LMRDA. I am a Trustee of the Funds (see attached).</p> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement of expenses related to attendance at Board of Trustee meetings <b>January 29/04</b>  <b>February 6/04 To Feb 6/04</b>  <b>March 16/04 To March 20/04</b></p> <p>12.b. Amount. <b>\$5,470</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any: </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

**LM-30 Attachment**

Name: Charles Robert McDevitt  
LM-30 File Number: To be assigned

Ending date of report period: 12/31/04

LM-30 Items  
Number

11b                      The information for item 11b is not in my possession.